EXHIBIT 43-D

Medical Expenses

12-12020-mg Doc 9579-74 Filed 02/02/16 Entered 02/02/16 16:18:14 43-D: Medicat Expenses, Rg 2 of 2

THE MEDICAL CENTRE 4201 TORRANCE BLVD., SUITE 390 TORRANCE, CALIFORNIA 90503 (310) 540-0018 FAX (310) 540-4988

Medicare ILWU Cash Med/M-cal Blue Shield Aetna Tricare Other Cigna HealthNet

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PATIENT NAME (Last, First, I	Middle Initial)	1A 1)	DATE OF SERVICE NOV	2 204	(V)	1
# PROCEDURE	CPT M	OD AMT.	#	DX Description	TCB-9 /	DX Description	1CD-9
	-						
				Acute otitis media	382.00	Chronic pharyngitis	472.1
LESLEY J LUK MD INC		7:(1)	1	Chronic otitis media	382.3	Acute tonsilitis	463
	3			Cerumen Impaction	380.4	Chronic tonsilitis	474.00
CH 900034541	2			Conductive hearing loss	389.00	Tonsillar hypertrophy	474.11
CHAT ID: CHANT W: 004995	(50			Sensorineural hearing loss	389.10	T&A hypertrophy	474.10
345305101	994			Mixed hearing loss, bilateral	389.22	Throat pain	784.1
	5			sensormanal hearing loss asymmetric.	389.16	Dysphagia, phary/esophageal	787.24
E XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	14			Unspec/perf tymp. Mem.	384.20	Sialoadenitis	527.2
1: 001044	13			Bell's Palsy	351.0	Neck mass	784.2
0.4	12 17		- 49	Otalgia otogenic	388.71	Thyroid nodule	241.0
AUTH NO: 1745	11			referred	388.72	Neck pain	723.1
		-		E tube dysfunction	381.81	Lymphadenopathy	785.6
AL \$10	245			TMJ Syndrome	524.60	Headache/facial pain	784.0
\$187.00	244			Cholesteatoma, UNSPEC	385.30	Cough	786.2
CUSTOMER COPY	243			Hypersomnia w/Sleep Apnea	327.23	Mouth Breathing	784.99
L. COPY	242	-		Tinnitus, unspecified	388.30	Snoring	786.09
Init. Consult, Lmtd.	99241			Dizziness/Vertigo	438.85	Allergic rhinitis, UNSPEC	477.9
				peripheral			460
PLACE OF SERVICE: Of	EMERGENCY DEPT. SERV				386.10	Acute rhinitis	
	00204			BPPV Vication of annual acids	386.11	Chronic rhinitis	472.0
E.D. Detailed	99284			Vertigo of central origin	386.2	Deviated nasal septum	470
E.D. Expanded	_99283			Unspecified vertiginous	386.9	Nasal fracture, closed	802.0
E.D. Focused	99282			Giddiness	780.4	Nasal polyps	471.0
Post-Op	99024			Presbycusis	388.01	Epistaxis	784.7
HOSP. DISCHARGE DAY	99238			Foreign body, ear canal	931/E915	Nasal turbinate hypertrophy	478.0
INITIAL HOSPITAL CONSL				Hoarsness	784.49	Anosmia/Parosmia	781.1
Hosp. Consult. Comple				Esophagitis, unspec.	530.10	Acute pansinusitis	461.8
Hosp. Consult Comp.	99222			Esophageal Reflux	530.81	Chronic pansinusitis	473.8
Hosp.Consult Ext.	99221			Acute laryngitis s	464.00	Chron. ethmoid sinusitis	473.2
SUBSEQUENT HOSP. CON		Tarle - I		Acute laryngitis c	464.01	Chron. max. sinusitis	473.0
Hosp. Visit Complex.	99233			TVC or nodule	478.5	Allergic conjunctivitis	372.14
Hosp. Visit Int.	99232			Chronic laryngitis	476.0	Asthma	493.90
Hosp. Visit Lmt.	99231			Elev. Sed. Rate	790.1	Acute bronchitis	466.0
				Temporal arteritis	446.5	Stomatitis mucositis, unspec.	528.00
DX Description	ICD-9	27076567		Nasal obstruction	478.19	Postnasal drip	784.91
Otorrhea, UNSPEC	388.60	65,019,77		Xerostomia	527.7	Depression Disorder	311
Acute otitis externa	380.10	156600 60		Peritonsillar abcess	475	Nasal mucositis (ulcerative)	478.11
Chronic otitis externa	380.23		100	Acute pharyngitis	462	Meniere's Disease	386.00

Other Diagnosis:

TOT

#	PROCEDURE	CPT	AMT.	#	PROCEDURE	CPT	AMT.	#	PROCEDURE	CPT	AMT.
	Fib. Laryngoscopy	31575			Imped. Tympanometry	92567			Remove impacted wax	69210	
	Rigid Scope	31231			Ped. Audiometry	92582			1 & D Peritonsilar	42700	
	Fib. Nasopharyngoscopy	92511			Office P.E. tube	69433			Ant Epistaxis, simple	30901	
	Electronystagmography	92540-7			Myringotomy L/R	69420			Kenalog Inject 2cc/4cc	J3301	
	Diagnostic Audiometry	92557		-					Earwick/ext. canal drain	6902	

Other Procedures:

AUTHORIZATION TO PAY PHYSICIAN

(Assignment of Benefits)
I hearby authorize my insurance company to pay my insurance benefits directly to Lesley J. Luk for services rendered to me. I understand that I am financially responsible for non-covered services. I also authorize my physician to release any information required in order to process my benefits.

ato	Signature